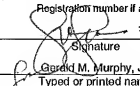


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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009</b>		Docket Number (Optional) 4800-0117PUS1	
<i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))</i>			
Application Number	10/563,425-Conf. #6373	Filed	June 1, 2006
For <b>BODY TASTE IMPROVER COMPRISING DECOMPOSED SUBSTANCES OR THEIR EXTRACTS OF LONG-CHAIN HIGHLY UNSATURATED FATTY ACID</b>			
Art Unit	1781	Examiner	C. A. Paden
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130	\$ _____
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490	\$ <u>490.00</u>
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110	\$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350	\$ _____
 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/>		attorney or agent of record. Registration Number	<u>28,977</u>
<input type="checkbox"/>		attorney or agent under 37 CFR 1.34.	
		Registration number if acting under 37 CFR 1.34 _____	
		_____ Date	
Gerald M. Murphy, Jr.		(703) 205-8000	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of <u>1</u> forms submitted.		